June 7, 2010

The Insider

Vol. 1 NMSC AOR Edition Issue 6

Insider Info

No More Tobacco Usage
On July 1 all physical properties under NMSC stationed at Naval Air Station Jacksonville will become "Tobacco Free" in keeping with the Navy Medicine-wide policy to support a fit and healthy workforce. Use of any tobacco products, including but not limited to cigarettes, dip and snuff, will be forbidden in all structures and the grounds surrounding to NMSC-owned buildings including parking lots and picnic areas.

June: National Safety Month
Every June the National Safety Council encourages businesses to get involved and participate in National Safety Month. Each week carries a theme that brings attention to critical safety issues such as prescription drug overdose prevention, teen driving safety dangers of cell phone use while driving and summer safety. For more safety-related information visit the NSC's Website at www.nsc.org/Pages/Home.aspx

Supporting a Navy Family
The Navy is committed to supporting the varying needs of Navy families throughout the continuum of a Sailor's career by regularly adapting its programs and policies to reinforce the various dimensions of a prepared Navy family. To that end more than $600 million is expected to be spent on Navy family support programs in fiscal year 2010. Monthly Family Grams on Navy family programs and benefits can be found at www.npc.navy.mil.

Submit your stories or photos
To submit stories or photos to The Insider, contact the NMSC Public Affairs Officer, Mr. Larry Coffey, at (904) 542-7200 ext. 8215, or the Command Journalist, MC1 Arthur De La Cruz, at (904) 542-7200 ext. 8124; or via e-mail at larry.coffey@med.navy.mil or arthur.delacruz@med.navy.mil.

PORTSMOUTH, Va. - Naval School of Health Services Commanding Officer, Capt. Susan E. Herron (left), speaks to attendees and Navy, Army and Air Force students during the official disestablishment ceremony of the Portsmouth, Va.-based schoolhouse May 14.

NSHS Portsmouth holds disestablishment ceremony

By MC1(SW) Arthur N. De La Cruz
NMSC Public Affairs

PORTSMOUTH, Va. – The U.S. Navy's first Hospital Corps School was officially disestablished May 14, during a ceremony held on the Naval Medical Center Portsmouth, Va., compound.

The Naval School of Health Sciences (NSHS) Portsmouth is closing after more than a century of training Navy corpsmen and Army and Air Force medics.

"This institution should be honored and remembered for the corpsmen who have given their lives and their time, and the last full measure of themselves for their brothers and sisters in harm's way," said Navy Surgeon General, and Chief, Bureau of Medicine and Surgery, Vice Adm. Adam M. Robinson, Jr. "NSHS Portsmouth has been a mentor and a steward. They have in fact been a leader, and have been the example of leadership for our corpsmen."

The school was first established in 1902 as part of the former Norfolk Naval Hospital. The current building was constructed in1942 and named after the school's first graduate, Pharmacist Edward May, who was appointed as a warrant officer, and later served as an instructor. NSHS Portsmouth was officially established in October 1995. The command has provided 17 naval officer and enlisted training programs and is accredited by the Council on Occupational Education and has individual accreditations from a variety of national associations specific to particular training programs.

The school officially closes after its last class graduates in September, said NSHS Commanding Officer, Capt. Susan E. Herron, who explained the school's future.

"NSHS is the people; people who have dedicated their all to our motto of excellence," said Herron. "NSHS is not building 104 – it is the Sailors who have graced its hallways and will continue to grace the hallways at Navy Medicine Training Center and the Medical Education and Training Campus (METC) at Fort Sam Houston, Texas."

NSHS will consolidate as part of the tri-service METC - the largest consolidation of service training in Department of Defense history, where former Naval Medicine Center, Portsmouth Va., commander, Rear Adm. William R. Kiser, will be the first commandant.

The school has seen approximately 800 students a year since 1995. As an echelon five command, its commanding officer reports to Commander, Navy Medicine Manpower, Personnel, Training and Education Command, which directly reports to Navy Medicine Support Command, based in Jacksonville, Fla.

"We are not disestablishing your obligation. We're only disestablishing one institution," said Vice Adm. Robinson, addressing students. "As NSHS Portsmouth disestablishes itself today, it doesn't mean that it goes away, and it doesn't mean that there is something we should be sad about, because the best is yet to come."

From the Flag - Naval Operations Concept 2010

Hello again Navy Medicine Support Command.

Our Chief of Naval Operations (CNO), Admiral Gary Roughhead, released the Naval Operations Concept 2010 (NOC 10) the week of May 24. NOC 10 is a tri-service document signed by the CNO, and Commandants of the Marine Corps and Coast Guard. NOC 10 guides implementation of the Maritime Strategy. It describes when, where and how naval forces will contribute to enhancing security, preventing conflict and prevailing in war.

A key element of the Maritime strategy is the concept that given forward presence, inherent mobility and flexible capabilities, U.S. naval forces are frequently the "force of choice" for humanitarian assistance and disaster response (HA/DR) missions.

As members of the Navy Medicine Support Command, we must continuously strive to ensure our actions and our strategic activities align with BUMED and with the Navy. I want to point out our strategic activities and ask you to examine how your daily efforts contribute to these activities and therefore the Maritime Strategy.

NMSC and its commands offer strength to Navy Medicine, and by extension the sea services, through integration of capabilities required to support the execution of the Navy Medicine missions of force health protection, healthcare delivery, and healthcare support.

As the Naval Forces employ a broad set of capabilities to assure partners, dissuade adversaries, and deter or limit hostile action, the Navy Medicine Support Command strengthens the effort by providing:

1. Global Health Diplomacy, the crux of the maritime strategy. NMSC commands across the AOR are at the heart of the Navy's health diplomacy efforts from supporting or being assigned to NMSC overseas research facilities, to supporting or deploying on board planned USNS Comfort and Mercy deployments and unplanned boots on the ground efforts abroad during natural disasters.

2. Superior Medical Education and Training through the Navy Medicine Manpower, Personnel, Training and Education Command (NMMPTE) and its subordinate commands such as Navy Operational Medical Institute (NOMI) and the Navy Medicine Training Center (NMTC) at Ft. Sam Houston, Texas. These commands ensure deployment readiness through enhanced medical expeditionary training and collaboration with sister services to provide succinct medical training.

3. Unparalleled Research and Development from the Naval Medical Research Center (NMRC), the Naval Health Research Center (NHRC) and the research labs located across the US and overseas. These commands are engaged in relevant clinical investigations, "bench to battlefield research," advancing disease surveillance, vaccine development, and operational medicine research.

4. Adaptive Logistical Support from the Naval Medical Logistics Command (NMLC), Naval Expeditionary Medical Support Command (NEMSCOM) and the Naval Ophthalmic Support and Training Command (NOSTRA). They support the Navy's Expeditionary Medical capabilities, provide combat eyewear to service members across DOD, and provide health service contracting solutions to support the high tempo demands of the maritime strategy.

5. Top Notch IM/IT Solutions from the Navy Medicine Information Systems Support Activity (NAVMISSA). For example, NAVMISSA is synchronizing BUMED's processes for identifying, prioritizing and funding IT capabilities, programs, applications and services through the development of effective and efficient governance.

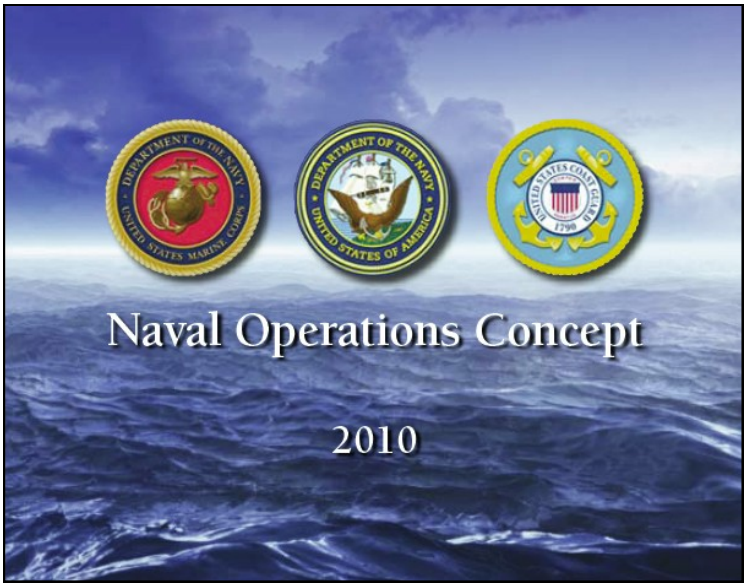
6. Comprehensive Public Health Outreach from the Navy and Marine Corps Public Health Center (NMCPHC). NMCPHC manages the Navy's Population Wellness program, the Deployment Health assets, and the Forward Deployed Preventive Medicine Units (FDPMU). NMCPHC also has an initiative to evaluate the consequences of war through epidemiological analysis, better supporting Sailors and Marines.

7. Capabilities Integration and Execution Support from NMSC headquarters. NMSC establishes and maintains the NAVMED capabilities integration support system

in support of BUMED Strategic Goals, and assesses the future warfighting environment to establish a clear understanding of the requirements of the Navy/Marine Corps/Joint medical community.

These summaries just scratch the surface of the incredible work you continue to perform in support of the Maritime Strategy. Again, I encourage you to continuously examine your personal contributions to supporting Navy and Navy Medicine strategic goals. And I also encourage you to take the time to review NOC 10 in its entirety at www.navy.mil/maritime/noc

RDML Eleanor V. Valentin
Senior Health Care Executive
Director, Medical
Service Corps
Commander, Navy Medicine
Support Command



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NMSC honors Asian and Pacific Americans

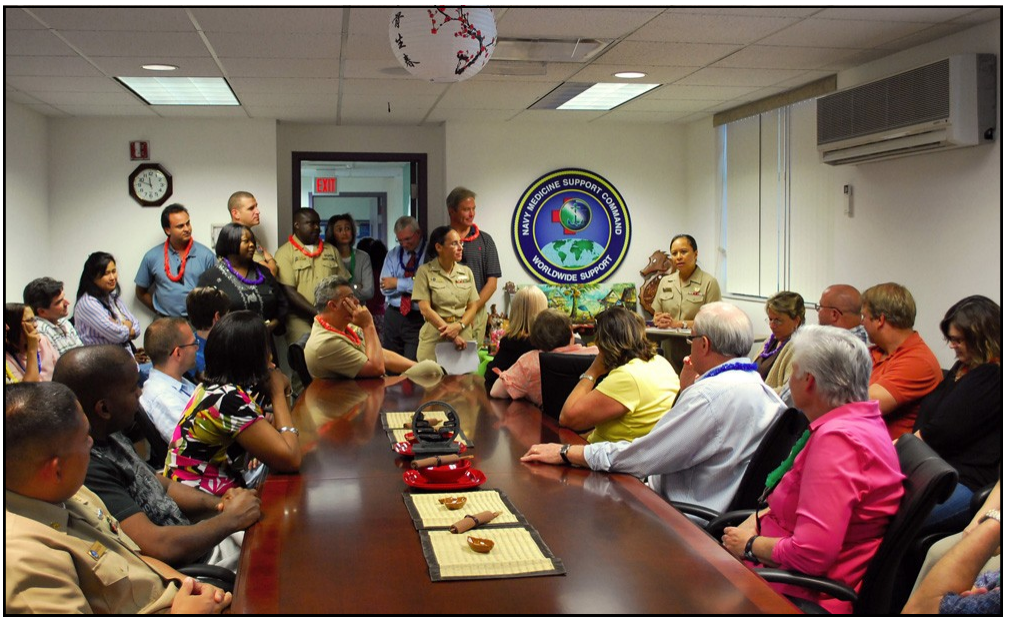
By MC1(SW) Arthur N. De La Cruz
NMSC Public Affairs

JACKSONVILLE, Fla. – Navy Medicine Support Command staff members commemorated Asian and Pacific American Heritage Month with a luncheon celebration May 27 at the Jacksonville, Fla.-based headquarters.

The celebration included a potluck luncheon preceded by a program citing Asian and Pacific ethnicities, which included a presentation by Keynote Speaker Rear Adm. Eleanor V. Valentin, Commander, Navy Medicine Support Command and Medical Service Corps Director. Rear Adm. Valentin, a Filipina-American, became the Navy's first female Asian Pacific flag officer shortly before assuming command of NMSC in September 2009, and is the Navy's first female MSC director.

"My relatives told me that I was made in the Philippines but assembled in the United States," Rear Adm. Valentin, a Seattle native, told NMSC personnel. She then spoke of her own lineage, gave a brief background of Asian and Pacific American history, and described how Asian and Pacific Americans as far back as 1830 stood up against discrimination and worked hard to ensure future generations didn't face the same obstacles.

"I stand in front of you today because I am an example of a positive outcome of people who fought hard to ensure Asian Pacific Americans, and women, had equal opportunity in this country," said Valentin. "My parents raised my siblings and me to be Americans. They raised us so that we could have a better life than they did – so we could have the life they dreamed of having when they came to this country for the first time. I don't feel any different because I'm of Filipino descent, or because I'm a woman, but I do realize that not everyone had the same experience as I - with a positive background without discrimination brought on by gender or color of skin."



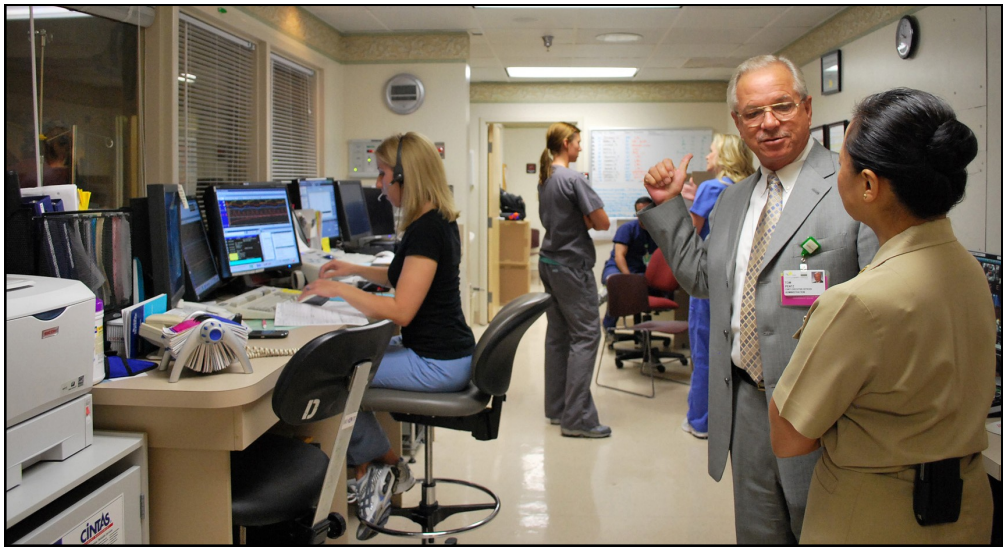
Rear Adm. Eleanor V. Valentin, commander of the Navy Medicine Support Command and Medical Service Corps director, speaks at a luncheon honoring Asian and Pacific Americans at NMSC headquarters in Jacksonville, Fla., May 27. Rear Adm. Valentin, who was the keynote speaker, discussed her experience as an American of Filipina descent without the discrimination Asian and Pacific predecessors faced. Valentin became the Navy's first female Asian Pacific flag officer shortly before assuming command of NMSC in September 2009, and is the Navy's first female MSC director.

Rear Adm. Valentin explained how the positive culture she grew up in contributed to her own successes in life.

"With mentors of different races and genders, I grew up in an environment where it didn't matter what your ethnic group was, and it didn't matter what your gender or socio-economic background was, and it definitely didn't matter what country you or your parents came from," said Valentin. "I am an example of a world that will allow you to work without obstruction to achieve your personal and professional goals."

Valentin explained how that background of diversity carried over into her military career and allowed her options to succeed.

"I've always believed in record of performance – always do your best at what you're doing and receive promotion based only on your performance," said Valentin. "Promotions should be based on performance without regard to gender or race."

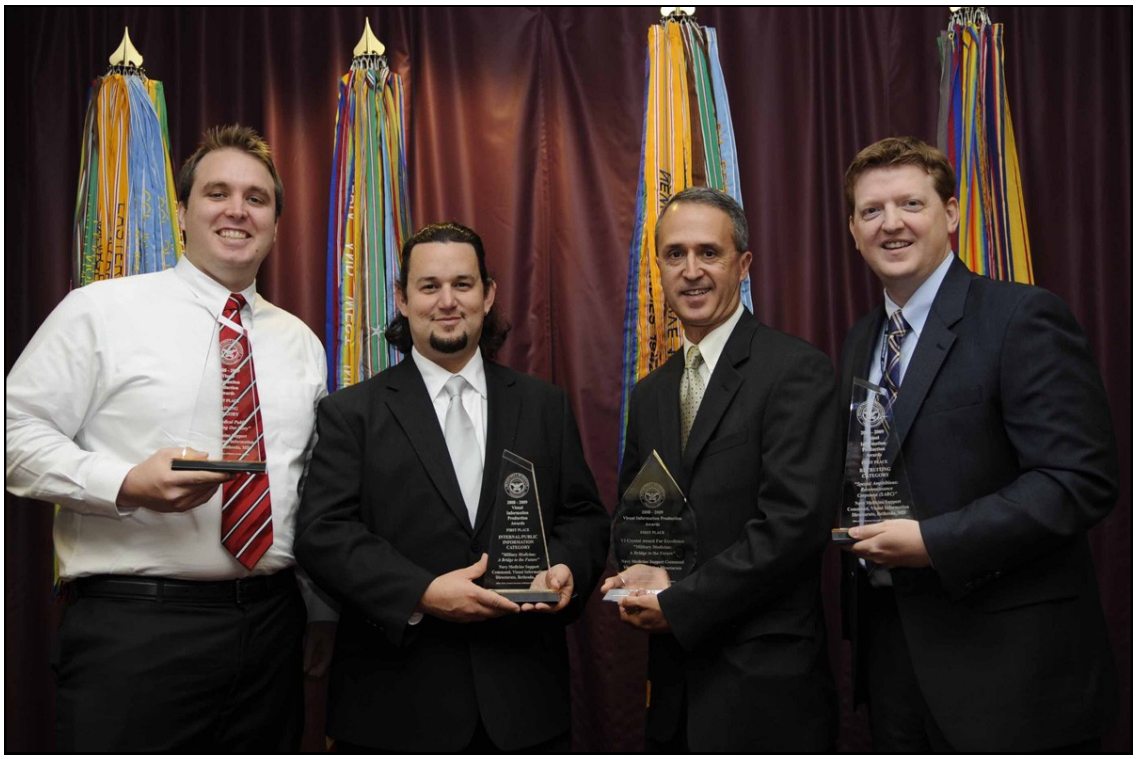


Reaching out to the community...

JACKSONVILLE, Fla. (May 10, 2010) – Mr. M. Thomas Pentz (right) explains the work station behind him to Commander, Navy Medicine Support Command (NMSC), Rear Adm. Eleanor V. Valentin, MSC, during a tour of the Orange Park Medical Center, located a few miles from NMSC headquarters in Jacksonville, Fla. , May 10. Pentz, the center's chief executive officer, gave Rear Adm. Valentin a tour of the medical facility, which included the center's emergency department, intensive care unit and radiology department (pictured here). U.S. Navy photo by Mass Communication Specialist 1st Class(SW) Arthur N. De La Cruz

NMSC VI earns distinction at DoD VI Awards

By MC1(SW) Arthur N. De La Cruz
NMSC Public Affairs



FORT MEADE, Md. (May 14, 2010) – Navy Medicine Support Command's Visual Information Directorate representatives (from left) Mr. Chris Bodily, Mr. Emre Tufekcioglu, Mr. Jeff Johnson and Mr. Tom Webster stand with four of the awards VI earned at the 2008-2009 Department of Defense Visual Information Production Awards ceremony held May 14 at the Defense Information School (DINFOS) in Fort Meade, Md.

FORT MEADE, Md. – Navy Medicine Support Command's (NMSC) Visual Information Directorate (VI) received several awards for its military video productions at the 2008-2009 Department of Defense Visual Information Production Awards ceremony held May 14 at the Defense Information School (DINFOS) in Fort Meade, Md.

The DoD VI awards recognize effective, purposeful use of the production medium to include achievement of communication objectives and appropriate use of potentially powerful, and relatively inexpensive, information and training tools the productions are intended to represent. Visual information products compete in four categories: Training, Recruitment, Internal/Public Information and Documentaries. NMSC's VI placed first in Training, Recruitment and Internal Public Information; and also placed second in Internal Public Information. VI also received two special category awards: the Creativity Award and the VI Crystal Award for Excellence, which goes to the video of the year – or the video production that earned the most points.

"The team was excited and really appreciated being recognized at this level," said VI's Audiovisual Production Department Head, Mr. Michael C. Allen. "It's an exceptional distinction considering that we were competing with so many talented people. This remarkable achievement is great motivation for us to strive to do even better work as we get underway with new projects for Navy Medicine."

A regular VI customer, Mr. Larry Coffey, said he was not surprised to learn that VI was recognized.

"VI dominated the DOD awards because they are the best. They have produced several products for me in the last couple of years," said Coffey, NMSC public affairs officer. "They've done video projects, graphic arts projects, photographic projects. Every job they have produced for me has been superior. The best part about VI is when I request a job, I am always surprised by the final product because it's always so much better than what I anticipated."

VI's mission is to plan, control, staff, manage and execute all aspects of visual information programs in direct support of Navy Medicine's medical and dental imaging requirements. The VI staff also provides technical expertise in video, print and abstract productions. NMSC's VI is based at the National Naval Medical Center (NNMC) at Bethesda, Md., and is a remote site of Jacksonville, Fla.-based NMSC.

"The recognition at the DOD VI Production Awards was over the top with NMSC VI taking first place in three categories, and then also winning the Crystal Award of Excellence for the Video Production of the year - it's just amazing," said Visual Information Directorate Director Mr. Jack Lewin. "When I think about the products we create for Navy Medicine, the fact that our VI team continues to raise the benchmark for quality is a testament to the dedication and professionalism of the entire VI staff."

All of VI's first place productions will next be entered in the International Military Video Production Competition this fall in Rome, Italy.

2008 - 2009 Visual Information Production Awards Competition Winners

1st Place in the Training Category:
Navy Medical Public Affairs, Telling Our Story
1st Place in the Internal/Public Information Category:
Military Medicine: A Bridge to the Future
2nd Place in the Internal/Public Information Category:
Bethesda Hospital's Emergency Preparedness
1st Place in the Recruitment Category:
Special Amphibious: Reconnaissance Corpsman (SARC)
The Creativity Award:
Race - Code for Survival
The Crystal Award for Excellence -Production of the Year
Navy Medical Public Affairs, Telling Our Story

Navy Medicine Research facility awarded US patent for innovation in medical inventory management for mission support

By Doris Ryan
NMRC Public Affairs

SILVER SPRING, Md. – A Navy Medicine research team invented a unique computer-based management tool for medical planners to better estimate medical supplies required to support combat, humanitarian and peacekeeping missions.

In conventional military operations it is challenging to accurately estimate the medical supplies necessary to adequately supply military medical personnel in the field, especially in combat situations. Researchers from the Modeling and Simulation Group at the Naval Health Research Center (NHRC) in San Diego invented a computer program that enables a user to identify specific injuries and illnesses, and then determine the medical tasks required to treat each patient and determine the supplies and equipment required to perform each task. This patient-generating model projects the frequency of specific injures and illnesses likely to occur in a particular theater of operation.

"Casualty stream data, known or estimated, is married to medical tasks and the supplies used therein to determine what's needed in a particular theater of operations," said Dr. Paula Konoske, Department Head, and one of the inventors on the team. "We can use predefined operational scenarios like 'Northeast Asia' or 'Heavy Battle Intensity' or a specific scenario constructed by the user. Then this tool can estimate the medical supplies needed to carry out medical care at a specific level of care, for example in a triage situation or in a forward operating room," "This planning tool has the potential to calculate the medical needs for military operational deployments and for training purposes."

Konoske said her team has completed exercises with the program and achieved substantial reductions of up to 30 percent in the number of items and weight of specific supply blocks.

"Dr. Konoske and her team now routinely conduct medical supply optimization studies for the Marine Corps, Navy, and Air Force – anyone that needs to be light and fast," said Dr. Karl Van Orden, Director of Research and Development at NHRC. "They are also involved in efforts to optimize supply sets for humanitarian and disaster relief missions."

The program includes selected levels of care such as First Responder, Battalion Aid Station, Forward Resuscitative Surgery/Shock Trauma Platoon, Surgical Company, Small Ship/Independent Duty Corpsman, Submarines, Landing Ship and Aircraft carriers. It also includes medical facilities where a patient will receive treatments such as triage, operating room, wards, x-ray and laboratory, battle dressing station, portable medical locker, first-aid boxes, emergency response kits, junior emergency response kits and dental.

The Naval Medical Research Center's Office of Legal and Technology Services promotes innovative discoveries made by Navy Medicine's researchers and scientists. The team supports over eight naval research laboratories throughout the U.S. and around the world, plus all of the Navy Military Treatment Facilities.

Since 1999, the team has received over 150 patents and applications that cover a wide range of technologies. Fields of research from the biomedical, environmental, dental, aerospace, and biological warfare defense industries focus on finding solutions to both conventional and battlefield medical problems. Many of these technologies have affected the lives of millions around the world in the form of vaccines, hand-held assays, molecular diagnostics and confirmatory analysis.

Navy Medicine's military participate in Military City USA 5K Run

By Cmdr. James R. Hagen
NAVMISSA Public Affairs

SAN ANTONIO – Navy Medicine military members participated in the second annual Military City USA 5k run May 22, becoming the first Navy team to run at Fort Sam Houston (FSH) in formation with other participating commands from the Army, Air Force and Marines.

"During the past two and a half years I've been here, I have not seen a Navy unit run in formation during any organized event here on the post," said Capt. Gregory Craigmiles. "And we finally have enough students, staff and sister commands to make it possible."

Craigmiles, commanding officer for Navy Medicine Training Center (NMTC), led the effort in putting the team together. He solicited all Navy Medicine commands within the area and was able to rally support from his command and Navy Medicine Information Systems Support Activity (NAVMISSA). Twenty-eight Navy Medicine participants ran in formation with an additional five for the guidon race.

The race started at 7:30 a.m. at MacArthur Parade Field where the Navy Medicine team, joined by 15 other guidon teams, lined up to gain the distinguished honor of being the fastest command on base.

Lt. Alexander Eldana pushed the team by carrying the Navy flag throughout the course to motivate his team to finish. Even though the Navy Medicine team finished without placing, they plan for better results next year as the Navy presence continues to grow in San Antonio.

Craigmiles led the Navy Medicine formation team around the FSH parade field, making history as the first Navy formation to run in this race and possibly at any FSH running event.

As NMTC gears up for the largest medical training consolidation in DOD history, the 3,000 Sailors who will arrive in 2011 and 2012 will only ensure that Navy Medicine is a force to be reckoned with for next year's annual Military City USA 5k run.

FORT SAM HOUSTON, Texas (May 22, 2010) – Navy Medicine Training Center's commanding officer, Capt. Gregory Craigmiles (with 490 on his shirt) leads the Navy Medicine team for the Military City USA 5k at Fort Sam Houston.

NAMRU-3 receives accreditation from College of American Pathologists

By Mr. Darnell Gardner
NAMRU-3 Public Affairs

CAIRO – The Navy Medicine research facility in Cairo is the first overseas DoD research laboratory to receive the College of American Pathologists (CAP) Laboratory Accreditation.

The Naval Medical Research Unit No. 3 (NAMRU-3) CAP certified Diagnostics Laboratory will be an asset for CENTCOM, AFRICOM and the US Embassy community in Cairo.

"The goal of the CAP Laboratory Accreditation Program is to improve patient safety by advancing the quality of pathology and laboratory services through education, standard setting and ensuring laboratories meet or exceed regulatory requirements," said Lt. Cmdr. David M. Rockabrand, the NAMRU-3 Laboratory Coordinator. "Our CAP certified laboratory will serve as the premier training ground for future technicians of NAMRU-3 and laboratorians throughout the Eastern Mediterranean Region. The expertise we have gained from the accrediting experience and ongoing quality processes will be demonstrated in the laboratory training and capacity building activities we perform in the entire NAMRU-3 area of responsibility."

In August 2009, Cmdr. Denise L. Peet, currently stationed at Naval Hospital Sigonella, joined the NAMRU-3 Diagnostics Laboratory team as the Medical Director. Peet directed the preparations for CAP accreditation. At NAMRU-3, Rockabrand and Lt. Brent L. House, Assistant Laboratory Coordinator, guided the efforts locally.

"Many people don't appreciate the incredible amount of work and documentation required to run an accredited diagnostics laboratory," said House. "During the final two months of preparation we relied heavily on our Quality Assurance and Quality Control (QA/QC) manager to ensure all the pieces of the puzzle were in place."

The QA/QC manager, Ms. Vita Tibbs, is a chief hospital corpsman reservist with many years of experience working in CAP-accredited laboratories, particularly in blood banking.

Regular proficiency testing is a critical part of NAMRU-3's CAP-accreditation that ensures the lab test results reported by NAMRU-3 are as reliable as those reported by CAP-accredited medical centers in the United States.

"Shipping patient samples to the states from CENTCOM has been a challenge," said Rockabrand. "Now we can do the testing on site and also offer more laboratory capability to those we serve."

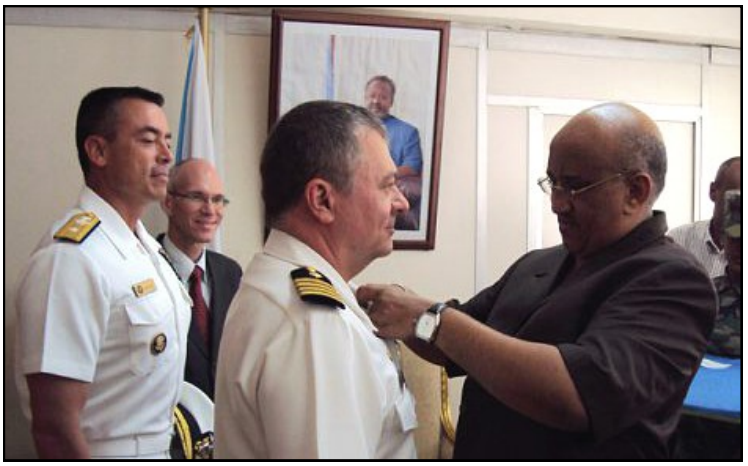
The results at NAMRU-3 have to match what is seen in the same specimens in an accredited hospital laboratory stateside.

"This is a significant accomplishment for NAMRU-3," said Dr. Stephen Walz, the director for Field Laboratory Operations at the Naval Medical Research Center, in Silver Spring, Md. "While the laboratory capabilities of NAMRU-3 have always been of the highest quality, with this CAP accreditation, NAMRU-3 can now, for the first time, officially report laboratory results that can be used by physicians in theater to guide medical care."

According to its website, the College of American Pathologists is a medical society serving more than 17,000 physician members and the laboratory community throughout the world. It is the world's largest association composed exclusively of pathologists and is widely considered the leader in laboratory quality assurance. The CAP is an advocate for high-quality and cost-effective medical care. Its members represent board-certified pathologists and pathologists in training worldwide. More than 6,000 laboratories are accredited by the CAP and approximately 23,000 laboratories are enrolled in the college's proficiency testing program.

The mission of NAMRU-3 is to conduct infectious disease research, including the

See "CAP," Pg. 8



DJIBOUTI - (May 26, 2010) Naval Medical Research Unit No. 3 Commanding Officer, Capt. Kenneth C. Earhart (center) receives the "Medaille de Chevalier dans l'Ordre National du 27 Juin" from Djibouti acting Head of State, Prime Minister Diletia Mohamed Diletia, at a ceremony held at the Djiboutian Ministry of Health May 26.

NAMRU-3 CO receives Djibouti presidential medal

DJIBOUTI CITY, Djibouti - Capt. Kenneth C. Earhart, Commanding Officer of U.S. Naval Medical Research Unit No. 3 (NAMRU-3), received the "Medaille de Chevalier dans l'Ordre National du 27 Juin" during a ceremony at the Djiboutian Ministry of Health on May 26.

Acting Head of State, Prime Minister Dileita Mohamed Dileita, presented the decoration to Earhart for his support of the Djiboutian Ministry of Health.

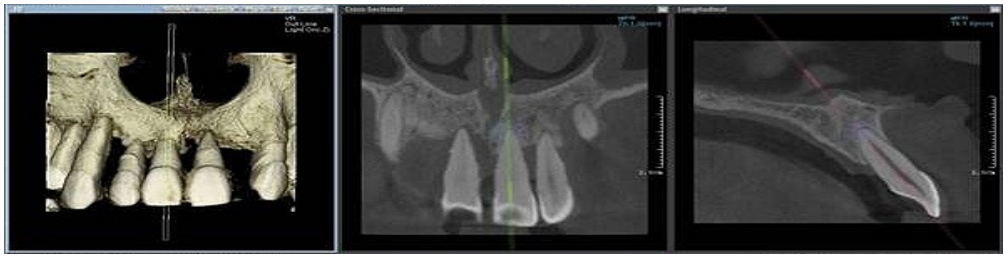
While under Earhart's leadership, NAMRU-3 partnered with the Djiboutian Ministry of Health to conceptualize and train staff for its first ever National Institute of Public Health to carry out the diagnosis of potential epidemics and the follow-up of pathogenic agent resistance.

"In the name of the Djiboutian government, we would like to express our sincere thanks for NAMRU-3's contributions," said Prime Minister Dileita. "It provided outstanding support during a potential outbreak of avian influenza in April 2006 and cholera in January 2007. NAMRU-3 joined with our National Institute of Public Health to support public health capacity and provide much needed training to our laboratory technicians."

The presidential medal, which in English is "the National Order of June 27" was established in commemoration of the Republic of Djibouti's national day of independence in 1977. The medal recognizes the role Capt. Earhart and the NAMRU-3 staff have played in strengthening the public health infrastructure in Djibouti, which is a part of the greater partnership between the United States and Djibouti.

Dental Digital Imaging team installs new systems in record time

By Ms. Sheila A. Gorman
NMLC Public Affairs



The Imaging Informatics Team, part of the Medical Equipment and Logistics Solutions Directorate at Naval Medical Logistics Command, Fort Detrick, Md., recently installed two concurrent Dental Digital Imaging (DDI) systems in record time.

Usually taking a year from receipt of requirement to having a clinic open and seeing patients, the Imaging Informatics Team completed installation of one DDI system at the U.S. Naval Hospital in Rota, Spain, in six months and a second system at the Dental Readiness Clinic in Bethesda, Md., in two months.

The Imaging Informatics Team generally has multiple projects in various stages going on at once and usually takes on one large final installation at a time. Although the Rota project came first, the team decided to include the Bethesda project due to the urgent and compelling nature of the Dental Readiness Clinic in Bethesda.

"My team really stepped up for these projects," said Mr. Ed Doorn, Imaging Informatics Team Leader. "Working on both projects concurrently was a challenge in itself, but they exceeded all time requirements. Both clinics are currently open and seeing patients."

Working on DDI projects in Rota and Bethesda could not have been more different. Getting supplies, vendors and equipment to the Dental Readiness Clinic in Bethesda posed no problems, but getting the same to the Naval Hospital in Rota presented many challenges. Especially challenging was the process of getting equipment and supplies through the customs process and delivered to the site.

Dental digital imaging is a process in which dental images are taken by an electronic sensor placed in a patient's mouth. The sensor transmits an electronic image to a computer to be enhanced and stored. The dental image record can then be transferred and retrieved electronically.

Not all naval dental clinics have DDI capability. The team is currently completing the DDI process on the last shore-based clinics. All shore-based, and most afloat naval dental clinics, are scheduled to have the DDI system in place by the end of the calendar year.

Dental digital images can follow a patient, eliminating the need for re-taking multiple images, thus reducing the radiation exposure a patient receives.

In a non-digital radiologic image, the dentist views small film-based images. An electronic image can be manipulated to fill a computer screen, showing all areas in sharp detail. Additionally, if a poor image is generated with standard equipment, the image usually has to be re-taken for further definition and clarity. A digital image can be electronically darkened or lightened to improve the contrast and pick out small anomalies, decreasing the need for additional images capturing sessions. Also, images from specific areas can be compared side by side to provide a historical reference base, or to make diagnosing easier.

The process of getting the DDI system into a clinic and seeing patients begins with a requirement from the clinic for the system to be installed. The team travels to the site and completes an on-site survey that looks at the facility workflow, business practices, infrastructure, network capability and information technology capabilities.

A request for quote (RFQ) is compiled and posted on the government business Websites. Vendors respond to the RFQ and submit a proposal based on the requirements determined. A contractor is selected and the Imaging Informatics Team becomes the project manager for the process.

The vendor services are contracted by the Acquisition Management Directorate at Naval Medical Logistics Command (NMLC). Using the NMLC Acquisition Management Directorate saves the Imaging Informatics Team a substantial amount of lead time in getting the contract awarded and moving the process along even faster.

"Having the DDI contracts awarded here at NMLC has reduced the total DDI project time from 18 plus months down to two to four months," said Mike Fortier, DDI Project Manager. "It has also given us the flexibility to expedite those truly urgent requirements and have them processed in days."

After award of the contract and the installation of the vendor product, the team runs an acceptance test ensuring the DDI system is clinically safe for use and meets all safeguards and security requirements. When everything is working properly and the safeguards are in place, the clinic is ready for patients. The Imaging Informatics Team is also working on a dental global image repository.

The repository will function as a tri-service clearinghouse to store the dental digital images from the Navy, Army and Air Force clinics. The repository will enable any tri-service dental facility in the world with internet access to have the ability to pull a patient's dental digital images directly from the archive, making the dental imaging process more efficient for the patient and more accessible for the provider.

The repository presented its own challenges in bringing together the tri-service processes and images in one place. The team's job in completing the repository is to incorporate processes from all three services for archiving images in a manner accessible and understood by all. The team hopes to complete the repository by the end of the calendar year.

NMLC is the center of logistics expertise for Navy Medicine, designing, executing and administering individualized state-of-the-art solutions to meet customer's medical material and healthcare needs. Headquartered at Fort Detrick, Md., NMLC supports the Navy with acquisition and logistics systems training, healthcare services strategies, operational forces support, medical equipment and logistics solutions, acquisition management, deployable platforms and eyewear fabrication. NMLC has formal agreements with the U.S. Marine Corps and U.S. Coast Guard to provide medical logistics and materiel management information and medical mobilization planning assistance. NMLC has the additional responsibility as technical manager of the Navy's direct healthcare services contracting program. For more information visit the NMLC Website at www.nmlc.med.navy.mil.

NMLC celebrates Asian and Pacific heritage month

By Ms. Sheila A. Gorman
NMLC Public Affairs

Dancers perform a Tinikling at the Asian and Pacific American Heritage celebration sponsored by Naval Medical Logistics Command at Fort Detrick, Md. May 27. Tinikling is a traditional Filipino dance featuring bamboo sticks beaten in unison on the ground as dancers jump over, and weave in and out between the poles.

FORT DETRICK, Md. – Naval Medical Logistics Command (LOGCOM) sponsored an Asian and Pacific American Heritage event May 27. The annual event for the Fort Detrick Garrison included a guest speaker, ethnic food, dancing, an impromptu fashion show, music and an exhibit.

Capt. Benjamin G.M. Feril, MSC, the Medical Plans and Policy Branch Head, was the guest speaker at the event. He related his own tale of entering the Navy and how he was inspired to join the Navy over a bowl of chocolate ice-cream when he was 7-years old.

Feril badgered his uncle for months to tour the ship he was serving on. His uncle finally relented and invited Feril to come for a tour. He toured the galley, crew's quarters and the bridge. At the end of the tour, having been served a bowl of chocolate ice-cream in the galley, he asked his uncle what duty he performed: Did he steer the ship? Was he the captain? What was he in charge of?

Ashamed and uncomfortable, the uncle replied that he, and his fellow Filipino shipmates, performed the most menial of tasks as there were no opportunities for Filipino Sailors to do otherwise. His job was to look after the officers, to wash and iron their uniforms, clean their cabins and serve their meals. Feril pulled out a cruise book dating from his uncles' tour on the ship and showed the audience pictures of his uncle with fellow Filipino shipmates to prove his point.

In 1973 Adm. Elmo R. Zumalt, the 19th Chief of Naval Operations, opened doors to the Filipino community and improved their way life by authorizing Asian and Pacific Islander Americans to strike for other ratings in the Navy.

"These early Asian and Pacific Island American trailblazers endured bigotry, discrimination and stereotyping in their quest for higher Navy ratings," said Feril. "Their breaking of barriers allowed me to apply for Officer Candidate School in 1980 without any of the earlier difficulties my uncle and those of Asian and Pacific Islander heritage had endured."

Men and women of Asian and Pacific Island descent contribute at all levels in today's Armed Forces.

"What will you do to follow this legacy?" asked Feril. "Being at war for nine years in places like Iraq and Afghanistan, fighting piracy afloat, providing humanitarian aid and disaster relief, the U. S. is able to field a diverse and multi-cultural Navy that is the envy of the world. We are better able to understand the cultural groups we serve because we [the Navy] are made up of those cultural groups."

The event featured traditional Asian and Pacific Island foods such as lumpia, fried rice, lechon (Roast pig/pork), kutsinta (brown rice cake), biko (sweet rice cake) and Pad Thai (stir-fried rice noodles). The food was enjoyed by a diverse and multi-cultural audience from the Army, Navy and civilian population on Fort Detrick.

Entertainment for the event included a solo guitarist who played a traditional instrumental piece called Anak, which means child. Dancers performed a Tinikling in traditional Thai costumes. Tinikling is a dance featuring two long bamboo poles that are banged on the floor in unison by two people stationed at either end of the poles. Dancers jump and weave in and out of the banging poles, sometimes in unison and sometimes individually, always careful not to be caught in the middle.

Several tables were set up displaying personal collections of traditional clothing, utensils, and artwork from the Asian and Pacific Island regions.

"You see me standing here dressed in my Navy uniform. Earlier I was in traditional clothing," said NMLC's Celebration Planning Committee Chairperson, Lt. Binh Nguyen, during the event's closing remarks. "At home, this is who we are and what we eat. I am paraphrasing one of my favorite authors when I say 'you can take the woman out of China, but you can't take China out of the woman.'"

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evaluation of vaccines, therapeutic agents, diagnostic assays and vector control measures, and to carry out public health activities, principally aimed toward improved disease surveillance and outbreak response assistance. NAMRU-3 works closely with the Egyptian Ministry of Health, the U.S. National Institutes of Health, the World Health Organization, the U.S. Agency for International Development (USAID) and the CDC.

NAMRU-3 has been a WHO collaborating center for HIV/AIDS since 1987. A Global Emerging Infections System (GEIS) program was established in 1999, which expanded NAMRU-3's mandate to include public health activities and capacity building in host countries. This led to the recognition of NAMRU-3 as a WHO collaborating center for emerging and re-emerging infectious diseases in 2001.

NAMRU-3 also serves as a WHO reference laboratory for influenza and meningitis in the Eastern Mediterranean Region (EMRO). Research partnerships have been established in Yemen, Saudi Arabia, Oman, Syria, Sudan, and the Republics of Ukraine, Uzbekistan, Kyrgistan, Kazakhstan and Azerbaijan. NAMRU-3 has an important role in the global response to the threat of avian influenza and pandemic influenza, and is currently active in monitoring infectious disease trends among DoD personnel deployed to operational bases in Turkey, Afghanistan and Iraq. NAMRU-3 has conducted 69 disease outbreak investigations in 25 different countries in the last 10 years.